



Lenape Indian Tribe of Delaware
P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

LENAPE INDIAN TRIBE OF DELAWARE
TRIBAL ENROLLMENT APPLICATION

Instructions

Please complete the entire application. If any relevant portion of the application is incomplete, the Enrollment Committee will be unable to process your application. It is **MANDATORY** that you complete at least four (4) generations of genealogical information including birth dates, death dates, and locations. Without this information your application will not be processed.

The Tribe is not responsible for completing the information for you. We have no paid personnel to do this work for you. In addition, you must submit the following for your application to be considered complete;

1. Your Photograph
2. Copy of your social security card.
3. Copy of CERTIFIED birth certificate.
4. Copy of birth certificate for your mother and father (copy of death certificates if deceased.).
5. Copy of your Driver's license.

If you do not enclose all above attachments with your completed application, your application will not be processed.

Please type or print all information on the application and mail or deliver with attachments to:

Lenape Indian Tribe of Delaware
4164 N. DuPont Highway, Suite 6
P.O. Box 79
Cheswold, DE 19936



Lenape Indian Tribe of Delaware
 P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

Please complete the entire application. If any relevant portion of the application is incomplete, the Enrollment Committee will be unable to process your application.

Please Type or Print All Information Clearly

For Office Use Only	
App. _____	Denied _____
Date: _____	
Roll Number: _____	
Blood Quantum _____	

SECTION A: Applicant Information

1. Last Name		2. First Name		3. Middle		4. Maiden (if any)	
5. Address (Street and mailing address)							
6. City			7. County		8. State		9. Zip Code
10. Home Phone		11. Work Phone		12. Fax		13. Email	
14. Date of Birth			15. Social Security Number			16. Marital Status	
17. City of Birth			18. County of Birth			19. State of Birth	
20. Are you or have you ever been enrolled in a Tribe? (Yes or No)			21. If yes, what Tribe? If no, go to #23.			22. Roll Number	
23. Occupation or profession			24. Education (high school diploma, college degree, etc)			25. Do you have any dependants? (yes or no) If no, go to #29	
26. Full Names of Dependants			27. Birthdates of Dependants			28. Relationship to applicant	
1.			1.			1.	
2.			2.			2.	
3.			3.			3.	
4.			4.			4.	
29. Do you have a criminal record other than minor traffic violations? (yes or no)				30. If married, when and in what city and state where you married?			
31. Spouse's Last Name		32. Spouse's First Name		33. Spouse's Middle Name		34. Spouse's maiden name	
35. Spouse's Date of Birth			36. Is your spouse living?			37. If no, date deceased	
38. Spouse's City of Birth			39. Spouse's County of Birth			40. Spouse's State of Birth	
41. Is your spouse enrolled in a Tribe? (Yes or No)			42. If yes, what Tribe? If no, go to #44.			43. Roll Number	
44. If your answer was "no" to number 41, what is the ethnicity of your spouse?							



Lenape Indian Tribe of Delaware
P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

<i>45. Do you have any brothers or sisters (siblings)? (yes or no)</i>	<i>46. If no, please go to the next page, if yes, how many full brothers and sisters?</i>	<i>25. How many half or adopted brothers and sisters do you have?</i>
<i>48. Full Names of Siblings</i>	<i>49. Birthdates of Siblings</i>	<i>50. Relationship to applicant (full, half, step-brother, step-sister, or adopted).</i>
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
<i>If more space is needed, please attach additional sheet</i>		

Please insert your photograph below



Lenape Indian Tribe of Delaware
 P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

SECTION B: Applicant's Mother

The term "Mother" is defined as the applicant's "biological mother."

1. Mother's Last Name		2. Mother's First Name		3. Mother's Middle		4. Maiden (if any)	
5. Address (Street and mailing address)							
6. City		7. County		8. State		9. Zip Code	
10. Home Phone		11. Work Phone		12. Fax		13. Email	
14. Date of Birth		15. Social Security Number		16. Marital Status			
17. City of Birth		18. County of Birth		19. State of Birth			
20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No)		21. If yes, what Tribe? If no, go to #23.		22. Roll Number			
23. Occupation or profession		24. Education (high school diploma, college degree, etc)		25. Does your mother have any brothers or sisters?			
26. Full Names of Mother's Siblings		27. Birthdates of Mother's Siblings		28. Relationship (full, half, step-brother/sister, adopted)			
1.		1.		1.			
2.		2.		2.			
3.		3.		3.			
4.		4.		4.			
31. Mother's Spouse's Last Name		32. Mother's Spouse's First Name		33. Mother's Spouse's Middle Name		34. Relationship to applicant (father, step-father, etc.)	
35. Mother's Spouse's Date of Birth		36. Is your Mother's spouse living?		37. If no, date deceased			
38. Date of Marriage		39. City of Marriage		40. County and State of Marriage			
41. Is your mother living?		42. If no, date deceased.		43. If deceased, County and State of Burial			
44. Please list the names and birthdates of all your mother's biological children.							
1.							
2.							
3.							
4.							
5.							



Lenape Indian Tribe of Delaware
P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

6.	
7.	

SECTION C: Applicant's Father

The term "Father" is defined as the applicant's "biological father."

<i>1. Father's Last Name</i>		<i>2. Father's First Name</i>		<i>3. Father's Middle</i>		<i>4. Nickname (if any)</i>	
<i>5. Address (Street and mailing address)</i>							
<i>6. City</i>		<i>7. County</i>		<i>8. State</i>		<i>9. Zip Code</i>	
<i>10. Home Phone</i>		<i>11. Work Phone</i>		<i>12. Fax</i>		<i>13. Email</i>	
<i>14. Date of Birth</i>		<i>15. Social Security Number</i>			<i>16. Marital Status</i>		
<i>17. City of Birth</i>		<i>18. County of Birth</i>			<i>19. State of Birth</i>		
<i>20. Is or has your Father ever been enrolled in a Tribe? (Yes or No)</i>		<i>21. If yes, what Tribe? If no, go to #23.</i>			<i>22. Roll Number</i>		
<i>23. Occupation or profession</i>		<i>24. Education (high school diploma, college degree, etc)</i>			<i>25. Does your Father have any brothers or sisters?</i>		
<i>26. Full Names of Father's Siblings</i>		<i>27. Birthdates of Father's Siblings</i>			<i>28. Relationship (full, half, step-brother/sister, adopted)</i>		
1.		1.			1.		
2.		2.			2.		
3.		3.			3.		
4.		4.			4.		
<i>31. Father's Spouse's Last Name</i>		<i>32. Father's Spouse's First Name</i>		<i>33. Father's Spouse's Middle Name</i>		<i>34. Relationship to applicant (mother, step-mother, etc.)</i>	
<i>35. Father's Spouse's Date of Birth</i>		<i>36. Is your Father's spouse living?</i>			<i>37. If no, date deceased</i>		
<i>38. Date of Marriage</i>		<i>39. City of Marriage</i>		<i>40. County and State of Marriage</i>			
<i>41. Is your Father living?</i>		<i>42. If no, date deceased.</i>		<i>43. If deceased, County and State of Burial</i>			
<i>44. Please list the names and birthdates of all your Father's biological children.</i>							
1.							
2.							
3.							
4.							
5.							



Lenape Indian Tribe of Delaware
 P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

6.	
7.	

SECTION D: Applicant's Maternal Grandmother

The term "Grand-mother" is defined as the "biological Grandmother" of the applicant (mother to the applicant's mother).

1. Grandmother's Last Name		2. Grandmother's First Name		3. Middle Name		4. Maiden (if any)		
5. Address (Street and mailing address)								
6. City			7. County			8. State		9. Zip Code
10. Home Phone		11. Work Phone		12. Fax		13. Email		
14. Date of Birth			15. Social Security Number			16. Marital Status		
17. City of Birth			18. County of Birth			19. State of Birth		
20. Is or has your Grandmother ever been enrolled in a Tribe? (Yes or No)			21. If yes, what Tribe? If no, go to #23.			22. Roll Number		
23. Occupation or profession			24. Education (high school diploma, college degree, etc)			25. Does your Grand mother have any brothers or sisters?		
26. Full Names of Grandmother's Siblings			27. Birthdates of Grandmother's Siblings			28. Relationship (full, half, step-brother/sister, adopted)		
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		
4.			4.			4.		
31. Grandmother's Spouse's Last Name		32. Grandmother's Spouse's First Name		33. Grandmother's Spouse's Middle Name		34. Relationship to applicant (grandfather, step-grandfather, etc.)		
35. Grandmother's Spouse's Date of Birth			36. Is your Grandmother's spouse living?			37. If no, date deceased		
38. Date of Marriage			39. City of Marriage			40. County and State of Marriage		
41. Is your Grand mother living?		42. If no, date deceased.		43. If deceased, County and State of Burial				
44. Please list the names and birthdates of all your Grand-mother's biological children.								
1.								
2.								



Lenape Indian Tribe of Delaware
 P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

3.
4.
5.

SECTION E: Applicant's Maternal Grandfather

The term "Grandfather" is defined as the applicant's maternal "biological grand father."

1. Grandfather's Last Name		2. Grandfather's First Name		3. Middle Name		4. Nickname (if any)	
5. Address (Street and mailing address)							
6. City			7. County		8. State		9. Zip Code
10. Home Phone		11. Work Phone		12. Fax		13. Email	
14. Date of Birth			15. Social Security Number			16. Marital Status	
17. City of Birth			18. County of Birth			19. State of Birth	
20. Is or has your Grandfather ever been enrolled in a Tribe? (Yes or No)			21. If yes, what Tribe? If no, go to #23.			22. Roll Number	
23. Occupation or profession			24. Education (high school diploma, college degree, etc)			25. Does your Grandfather have any brothers or sisters?	
26. Full Names of Grandfather's Siblings			27. Birthdates of Grandfather's Siblings			28. Relationship (full, half, step-brother/sister, adopted)	
1.			1.			1.	
2.			2.			2.	
3.			3.			3.	
4.			4.			4.	
31. Grandfather's Spouse's Last Name		32. Grandfather's Spouse's First Name		33. Grandfather's Spouse's Middle Name		34. Relationship to applicant (mother, step-mother, etc.)	
35. Grandfather's Spouse's Date of Birth			36. Is your Grandfather's spouse living?			37. If no, date deceased	
38. Date of Marriage			39. City of Marriage			40. County and State of Marriage	
41. Is your Grandfather living?		42. If no, date deceased.			43. If deceased, County and State of Burial		
44. Please list the names and birthdates of all your Grandfather's biological children.							
1.							
2.							
3.							



Lenape Indian Tribe of Delaware
 P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

4.
5.

SECTION F: Applicant's Paternal Grandmother

The term "Grand-mother" is defined as the "biological paternal Grandmother" of the applicant (mother to the applicant's father).

1. Grandmother's Last Name		2. Grandmother's First Name		3. Middle Name		4. Maiden (if any)		
5. Address (Street and mailing address)								
6. City			7. County			8. State		9. Zip Code
10. Home Phone		11. Work Phone		12. Fax		13. Email		
14. Date of Birth			15. Social Security Number			16. Marital Status		
17. City of Birth			18. County of Birth			19. State of Birth		
20. Is or has your Grandmother ever been enrolled in a Tribe? (Yes or No)			21. If yes, what Tribe? If no, go to #23.			22. Roll Number		
23. Occupation or profession			24. Education (high school diploma, college degree, etc)			25. Does your Grand mother have any brothers or sisters?		
26. Full Names of Grandmother's Siblings			27. Birthdates of Grandmother's Siblings			28. Relationship (full, half, step-brother/sister, adopted)		
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		
4.			4.			4.		
31. Grandmother's Spouse's Last Name		32. Grandmother's Spouse's First Name		33. Grandmother's Spouse's Middle Name		34. Relationship to applicant (grandfather, step-grandfather, etc.)		
35. Grandmother's Spouse's Date of Birth		36. Is your Grandmother's spouse living?		37. If no, date deceased				
38. Date of Marriage		39. City of Marriage		40. County and State of Marriage				
41. Is your Grandmother living?		42. If no, date deceased.		43. If deceased, County and State of Burial				
44. Please list the names and birthdates of all your Grandmother's biological children.								
1.								



Lenape Indian Tribe of Delaware
P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

2.
3.
4.

SECTION G: Applicant's Paternal Grandfather

The term "Grandfather" is defined as the applicant's paternal "biological grand father."

1. Grandfather's Last Name		2. Grandfather's First Name		3. Middle Name		4. Nickname (if any)	
5. Address (Street and mailing address)							
6. City		7. County		8. State		9. Zip Code	
10. Home Phone		11. Work Phone		12. Fax		13. Email	
14. Date of Birth			15. Social Security Number			16. Marital Status	
17. City of Birth			18. County of Birth			19. State of Birth	
20. Is or has your Grandfather ever been enrolled in a Tribe? (Yes or No)			21. If yes, what Tribe? If no, go to #23.			22. Roll Number	
23. Occupation or profession			24. Education (high school diploma, college degree, etc)			25. Does your Grandfather have any brothers or sisters?	
26. Full Names of Grandfather's Siblings			27. Birthdates of Grandfather's Siblings			28. Relationship (full, half, step-brother/sister, adopted)	
1.			1.			1.	
2.			2.			2.	
3.			3.			3.	
4.			4.			4.	
31. Grandfather's Spouse's Last Name		32. Grandfather's Spouse's First Name		33. Grandfather's Spouse's Middle Name		34. Relationship to applicant (mother, step-mother, etc.)	
35. Grandfather's Spouse's Date of Birth			36. Is your Grandfather's spouse living?			37. If no, date deceased	
38. Date of Marriage		39. City of Marriage			40. County and State of Marriage		
41. Is your Grandfather living?		42. If no, date deceased.			43. If deceased, County and State of Burial		
44. Please list the names and birthdates of all your Grandfather's biological children.							
1.							
2.							
3.							



Lenape Indian Tribe of Delaware
P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

4.
5.

SECTION H: Additional information

Please use this section to tell us anything you would like to share about yourself, your family's history, etc.



Lenape Indian Tribe of Delaware
P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment
Ancestral Chart

Chart No. _____		Born:
Number 1 on this chart is the		Place:
Same person as No. _____ on		Marr:
Chart No. _____		Born:
		Place:
		Died:
		Place:
		Born:
		Place:
		Died:
		Place:
Born:	Father	Place:
Place:		
Marr:		Born:
Place:		Place:
Died:		Marr:
Place:		Place:
		Born:
		Place:
		Died:
		Place:
Born:	Applicant	Place:
Place:		
Marr:		Born:
Place:		Place:
Died:		Marr:
Place:		Place:
		Born:
		Place:
		Died:
		Place:
		Born:
		Place:
		Died:
		Place:
Born:	Mother	Place:
Place:		
Marr:		Born:
Place:		Place:
Died:		Marr:
Place:		Place:
		Born:
		Place:
		Died:
		Place:
Spouse:		Place:
Born:		Born:
Place:		Place:
Died:		Died:
Place:		Place:



Lenape Indian Tribe of Delaware
P.O. Box 79, Cheswold, DE 19936



Application for Tribal Enrollment

CERTIFICATION

I, _____ certify that the information contained in this application for Tribal enrollment is true and accurate to the best of my knowledge. My initials on each page attest to this acknowledgement and I understand that the Tribe may reject my application for any reason it deems appropriate. I further acknowledge that should the Tribe find that any information herein is fraudulent, the Tribe reserves the right to institute litigation to cure damages it may have incurred and staff time and resources exhausted in processing this information.

I, _____ certify that should I be deemed eligible for enrollment in the Lenape Indian Tribe of Delaware, that I accept enrollment. In accepting enrollment, I understand that I am accepting and agreeing to submit to the jurisdiction of and pledge allegiance to the Tribal government of the Lenape Indian Tribe of Delaware. In pledging this allegiance, I agree to abide by any and all laws and rules of the Lenape Indian Tribe of Delaware and its governing documents and will respect and comply with the decisions of the duly elected Tribal Council.

Applicant

Print name	Signature	Date
------------	-----------	------

If applicant is under age of 18, parental authorization below:

As a parent/legal guardian of the above named applicant, I sign on his/her behalf and attest to the accuracy of the information herein. I consent for the above named applicant, a minor under my care, to be enrolled in the Lenape Indian Tribe of Delaware should he/she be deemed eligible and to be bound by the terms of this agreement. I agree to accept and respect the jurisdiction of the tribal government of the Lenape Indian Tribe of Delaware .

Print name	Signature	Date
------------	-----------	------

Witness: I witnessed the signing of this document by the above named applicant(s).

Print name	Signature	Date
------------	-----------	------

Address of Witness	City/State	Zip code
--------------------	------------	----------